Kentucky Employees Health Plan
Quit Line Smoking Cessation Benefit
Voucher for Over the Counter Nicotine Replacement Therapy

Participant Name: _____ Daytime Phone: _____

Address: _____

Insurance Planholder Name if different from Participant: _____ Last 4 Digits of Planholder's SSN: _____

Is member enrolled and committed to Quit Line program: ☐ Yes ☐ No

Recommended Product:

☐ Patches	☐ Lozenges	☐ Gum
Dosage: ☐ 21 mg ☐ 14 mg ☐ 7 mg	Dosage: ☐ 4 mg ☐ 2 mg	Dosage: ☐ 4 mg ☐ 2 mg
# of Pkgs _____	# of Pkgs _____	# of Pkgs _____

I, the Quit Line Counselor, confirm that the member is enrolled and currently participating in the Quit Line smoking cessation program.

_____ _____

Quit Line Counselor, First Name and Initial *Date of Last Counseling Session*

Counselor Comments::

STEPS for Member of Kentucky Employees Health Plan:

1) Ask your physician or pharmacist if you have any questions before using NRT or if you have a pre-existing medical condition.
2) After receiving this voucher, take it to a pharmacy participating in the Kentucky Employees Health Plan.
3) Select the patch, gum, or lozenge (as indicated above). Take it to the pharmacist along with your Humana insurance card.
4) You will pay a $5.00 co-pay for a 2-week supply of over-the-counter NRT.
5) Use the patch, gum, or lozenge as directed. Continue participating in the Quit Line counseling program in order to receive additional benefit.

BENEFIT LIMITATION
Member eligibility is for a 3-month supply of OTC NRT per calendar year

Please contact the Kentucky Department for Employee Insurance with any questions:
200 Fair Oaks Lane, Suite 502
Frankfort KY 40601
Phone: (888) 581-8834 or (502) 564-6534
Fax: (502) 564-0364

DEI use only

_____
Approval Date

_____
DEI Signature

_____
Approval Valid Until

Attention Pharmacist!

Vouchers signed by DEI indicate that a Prior Authorization has been issued for the product indicated above and is valid until the date indicated.

Claims should be filed through Express Scripts. If the member is purchasing two different strengths of the product indicated above, the claims must be filed separately. However, the member can only receive the total of what is indicated above. Please use your store DEA number in the Prescriber ID field (411-DB) since a script is not required to fill this claim.